2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#764436

FILED Feb 09, 2010 Secretary of State

Date

Entity Name: LAKE PLACID HISTORICAL SOCIETY DEPOT MUSEUM, INC.

Current Principal Place of Business: New Principal Place of Business:

12 PARK AVENUE

LAKE PLACID, FL 33852 US

Current Mailing Address: New Mailing Address:

P O BOX 304

LAKE PLACID, FL 33862 US

FEI Number: 59-2277779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, BETTY RAY 320 PHOENIX AV

LAKE PLACID, FL 33852 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

in the State of Florida.

SIGNATURE: BETTY RAY ROBERTS

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: F

 Name:
 ROBERTS, BETTY RAY

 Address:
 320 PHOENIX AVE

 City-St-Zip:
 LAKE PLACID, FL 33852

Title: VP

 Name:
 RIDER, FLOYD

 Address:
 48 GLORY DRIVE

 City-St-Zip:
 LAKE PLACID, FL 33852

Title: CS

Name: HOGAN, DOROTHY MS Address: 24 LAKE GARDEN DRIVE City-St-Zip: LAKE PLACID, FL 33852

Title: RS

Name: STALLS, BETTY MS
Address: 296 LAKE PEARL DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title:

Name: ANNA, FARMER

Address: 1565 SYCAMORE AVENUE City-St-Zip: LAKE PLACID, FL 33852

Title: [

 Name:
 WILLIAMS, THOMAS

 Address:
 26 OAK STREET

 City-St-Zip:
 LAKE PLACID, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETTY RAY ROBERTS PRES 02/09/2010